AO 240 (Rev. 10/03) DELAWARE (Rev. 4/05)

UNITED STATES DISTRICT COURT DISTRICT OF DELAWARE

		DISTRICT	OF DELAWARE	
	Bashid A. Al	i	• 07-6	13-
	Plaintif	f	APPLICATION TO PROCEE	D
	. V		WITHOUT PREPAYMENT O	
	Scott Kaspren	ichi atal	FEES AND AFFIDAVIT	-
	Defendant	(s): /	_ TEES AND APPROACH	
			CASE NUMBER:	-"
. 1)	-L. 1 11.	•		
I,	ashid Ali		declare that I am the PIAINTIFF	
28 USC		I am unable to pay the	request to proceed without prepayment of fees or co costs of these proceedings and that I am entitled to	
In supp	ort of this application, I	answer the following q	uestions under penalty of perjury:	
1.	Are you currently incar	cerated? Yes	to Question 2)	
	If "YES" state the place	e of your incarceration	Delaware Correctional Center	Delaware
	Inmate Identification	Number (Required):_	00176898	
			o you receive any payment from the institution? Ye	<u>s</u>
	transactions		our incarceration showing at least the past six mont	<u>hs'</u>
2.	Are you currently empl	oyed? Yes at t	he Institution (See atlached)	
	and give the na 19977 (A b. If the answer is	me and address of your Norge month \$ 1 "NO" state the date of	nt of your take-home salary or wages and pay period remployer. DCC, 118 Paddock Rd, Sm, 64). Your last employment, the amount of your take-home e name and address of your last employer.	YRNA, DE
3.	In the past 12 twelve m	onths have you receive	ed any money from any of the following sources?	,
		ession or other self-emp		
	~ *	, interest or dividends	· · Yes	
		ities or life insurance p		
	d. Disability or we. Gifts or inherit	orkers compensation pa	ayments · Yes · No	
	Any other sour		·· Yes ·· No	

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

AO 240	Reverse (F	lev.	10/03
DELAW	ARE (Rev	1/	05)

4.	Do you have any cash or checking or savings accounts?	• Yes	··• No
	If "Yes" state the total amount \$ //A		
5.	Do you own any real estate, stocks, bonds, securities, other financial instru	ıments, a	utomobiles or other
	valuable property?	• Yes	·No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state NONE if applicable.

I declare under penalty of perjury that the above information is true and correct.

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

STATE OF DELAWARE) SS COUNTY OF New Castle)	AFFIDAVIT OF: <u>KASHID ALLE</u> DATED:
	DAVIT
I, RASHID ALLE, being fin statement is a true and correct observation of what OCC Prison located in the Delaware, in that I was a part of or witnessed the i under penalty of perjury of the laws of the State of	ne Delaware Correctional Center, Smyrna, Incident described herein. I would clearly state
1. Affiant swears that the	information disclosed in his
Application to Proceed Without Pr	repayment of Fees is true and
cornect.	. ,
	Affiant: Signature
SWORN TO AND SUBSCRIBED before me this	Print Name Delaware Correctional Center Smyrna, DE. 19977
My Commission Expires:	Notary Public
	rotary rubiic

DELAWARE CORRECTIONAL CENTER SUPPORT SERVICES OFFICE MEMORANDUM

- 07-613-

TO:	Rashid anu ali SBI#: 176898		
FROM:	Stacy Shane, Support Services Secretary		
RE: DATE:	6 Months Account Statement Suptember (, 20)	2007 OCT -5	CLERK U.S. DIST
March	are copies of your inmate account statement for the months of	PH 3: 15	ELAWARE

The following indicates the average daily balances.

<u>MONTH</u>	<u>AVERAGE DAILY BALANCE</u>
Mouch	9.77
april	34.82
nau	31.32
aune	19.91
auu	15.83
auf	
Average daily balances/6	months: 20.43

Attachments

CC: File

9/4/07

Individual Statement From March 2007 to August 2007

Date Printed: 9/6/2007

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SBI	Last Name	First Name MI	Suffix		
00176898	Amir Ali	Rashid		Beginning Month Balance:	\$1.29
Current Loca	Surrent Location: W1	Comments:		Ending Month Balance:	\$0.06

	}																															
	Source Name	_	OWELL	AMMAD				(0		AMMAD	G FIELDS			OWELL			T MUHAMMAD	2			OWELL	AMMAD		AMMAD		2	4/24-5/	OWELL		AMMAD		OWELL
i c	Pay 10	PI 1/24-2/23/07	MS GLORIA POWELL	MASJID MUHAMMAD				PI 2/24-3/23/06		MASJID MUHAMMAD				MS GLORIA POWELL	4/18/07	4/18/07		PI 3/24-4/24/07			MS GLORIA POWELL	MASJID MUHAMMAD		MASJED MUHAMMAD		PI 4/24-5/23/07	BASKETBALL 4/24-5/	MS GLORIA POWELL		MASJID MUHAMMAD		MS GLORIA POWELL
	MO# / CK#										0607553577						49874209550															
; !	Irans #	394519	395227	395673	397583	400360	403155	407980	410208	411574	411867	412992	416442	417423	417597	417963	420226	421024	423194	426251	427188	427418	428503	430182	431966	435803	435973	436137	439597	440781	442178	443932
	Balance	\$71.37	\$41.37	\$31.37	\$12.35	\$2.32	\$0.18	\$75.97	\$50.10	\$42.10	\$62.10	\$50.01	\$40.21	\$10.21	\$10.21	\$2.21	\$27.21	\$104.32	\$81.72	\$66.31	\$41.31	\$31.31	\$11.33	\$5.33	\$0.11	\$85.26	\$90.26	\$60.26	\$38.44	\$28.44	\$24.19	\$4.19
Non-Medical	Hold	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
:	Medical Hold	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$8.00)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Deposit or Withdrawal	Amount	\$70.08	(\$30.00)	(\$10.00)	(\$19.02)	(\$10.03)	(\$2.14)	\$75.79	(\$25.87)	(\$8.00)	\$20.00	(\$12.09)	(\$9.80)	(\$30.00)	\$0.00	(\$8.00)	\$25.00	\$77.11	(\$22.60)	(\$15.41)	(\$25.00)	(\$10.00)	(\$19.98)	(\$6.00)	(\$5.22)	\$85.15	\$5.00	(\$30.00)	(\$21.82)	(\$10.00)	(\$4.25)	(\$20.00)
_	Date	3/1/2007	3/1/2007	3/2/2007	3/7/2007	3/14/2007	3/21/2007	4/2/2007	4/4/2007	4/5/2007	4/9/2007	4/11/2007	4/18/2007	4/19/2007	4/20/2007	4/20/2007	4/26/2007	5/1/2007	5/2/2007	5/9/2007	5/10/2007	5/11/2007	5/15/2007	5/18/2007	5/23/2007	6/1/2007	6/1/2007	6/1/2007	6/6/2007	6/8/2007	6/13/2007	6/15/2007
1	Trans Type	Misc Wage	Pay-To	Pay-To	Canteen	Canteen	Canteen	Misc Wage	Canteen	Pay-To	Mail	Canteen	Canteen	Pay-To	Medical	Medical	Mail	Misc Wage	Canteen	Canteen	Pay-To	Pay-To	Canteen	Pay-To	Canteen	Misc Wage	Misc Wage 1099	Pay-To	Canteen	Pay-To	Canteen	Pay-To

Individual Statement From March 2007 to August 2007

Date Printed: 9/6/2007

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SBI Las	Last Name Amir Ali	First Name Rashid	ame MI	Suffix			Beginning Month Balance:	\$1.29
ocatio	W1		Comments:				Ending Month Balance:	\$0.06
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans#	MO# / CK#	Pay To Source Name
Canteen	6/20/2007	(\$3.50)	\$0.00	\$0.00	\$0.69	445318		
Misc Wage	7/2/2007	\$70.42	\$0.00	\$0.00	\$71.11	450112		PI 5/24-6/23/07
Pay-To	7/2/2007	(\$5.65)	\$0.00	\$0.00	\$65.46	450598		MASJID MUHAMMAD
Canteen	7/5/2007	(\$43.28)	\$0.00	\$0.00	\$22.18	452012		
Canteen	7/11/2007	(\$15.46)	\$0.00	\$0.00	\$6.72	454996		
Visit	7/16/2007	\$35.00	\$0.00	\$0.00	\$41.72	456510	5646995143-01987	C POWELL
Canteen	7/18/2007	(\$38.61)	\$0.00	\$0.00	\$3.11	458051		
Misc Wage	8/1/2007	\$74.25	\$0.00	\$0.00	\$77.36	463337		PI 6/24-7/23/07
Canteen	8/1/2007	(\$12.45)	\$0.00	\$0.00	\$64.91	465117		
Pay-To	8/2/2007	(\$55.00)	\$0.00	\$0.00	\$9.91	465563		MS GLORIA POWELL
Misc Wage 1099	8/2/2007	\$12.00	\$0.00	\$0.00	\$21.91	466502		JULY 4TH ACTIVITIE
Canteen	8/8/2007	(\$8.41)	\$0.00	\$0.00	\$13.50	468183		
Canteen	8/15/2007	(\$6.81)	\$0.00	\$0.00	\$6.69	471893		
Canteen	8/22/2007	(\$6.63)	\$0.00	\$0.00	\$0.06	475533		

Total Amount Currently on Medical Hold: \$0.00

\$0.06

Ending Month Balance:

Total Amount Currently on Legal Hold: \$0.00

Total Amount Currently on Restitution Hold: \$0.00

Total Amount Currently on Other Hold: \$0.00